



August 31, 2006

Patricia A. Maryland, Ph.D., Chair  
Citizens' Health Care Working Group  
7201 Wisconsin Avenue, Suite 575  
Bethesda, Maryland 20814

Dear Dr. Maryland:

The Association of Clinicians for the Underserved is a nonprofit, transdisciplinary organization based in Tysons Corner, Virginia. We are clinicians, students, advocates, and health care organizations united in a common mission to improve the health of America's underserved populations and to enhance the development and support of the health care clinicians serving these populations. ACU's membership includes individual health professionals and students, community-based primary health care organizations, as well as organizations that represent significant numbers of health care providers of care who may work in the Nation's safety net, participate in Medicaid/Medicare programs, or in academic training programs. These include professional societies such as the American Academy of Family Physicians, American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Nurse Practitioners. Also included in the ACU membership are a number of state primary care associations and Area Health Education Center programs (AHECs) which are dedicated to the provision of comprehensive primary care and prevention services and the training for the future health professions workforce for our many underserved communities. Lastly, ACU also includes a number of the national and regional clinical networks of clinicians working in the federally qualified health centers (FQHCs), free clinics, faith-based clinics, and clinics for the special populations like migrants and homeless. As such, we are pleased to submit comments on the Interim Recommendation of the Citizens' Health Care Working Group, below.

Many of the Interim Recommendations mirror the values and goals of ACU. ACU, however, has the following comments regarding the Citizen's Health Care Working Group's interim recommendations:

- ACU recognizes the financial burden caused by healthcare costs
  - Prior to the new bankruptcy laws, medical expenses were a significant cause for Americans, especially low-income Americans, to declare bankruptcy.
  - Programs like Medicare and Medicaid help alleviate the financial burden of medical costs to one slice of the American public, but millions of middle class Americans pay dearly for the ability to access health care. With insurance premiums averaging just over \$9,000 for a family policy.
  - Over 46 million Americans are uninsured.
- ACU applauds efforts to improve access to care for underserved populations
  - ACU believes that all members of society should have access to affordable quality health care.

- ACU believes this care should include access to coordinated medical, dental, behavioral, and pharmacy services, which are culturally and linguistically, appropriate for the consumer.
  - ACU supports the recommendation to strengthen the health care safety net. Our members include part of this safety net including, clinicians, community-based publicly and privately financed primary care organizations, health departments, free clinics, and state primary care associations.
  - Universal coverage does not equal universal access. For example, millions of individuals currently eligible for Medicaid or S-CHIP coverage remain un-enrolled. It follows that even if every American were covered tomorrow, many would continue to face barriers to accessing care. ACU supports approaches that recognize these barriers to care and seek to eliminate them.
- ACU encourages the Working Group to consider the transdisciplinary care model as a means of strengthening the safety net.
    - Access to high quality health care can be increased – often while reducing costs – by providing cross-training between the various health disciplines.
    - Focus on reimbursing prevention and outreach and education services.
    - Access can be improved through consumer-centered care in which the clinicians, consumers, and community work together to achieve health outcomes.
    - Reimbursement must provide for more creative team development which bridges the clinical, public health, and community services determined to be of need through coordinated care management programs.
- ACU further would encourage recommendations regarding workforce development, including:
    - Increasing the racial and ethnic diversity of caregivers.
    - Addressing the high rate of burnout among clinicians serving the underserved.
    - Increasing health literacy – the ability of patients to understand instructions from health care providers and make informed decisions.
    - Skill building in health literacy for both the health professions workforce as well as the consumer of health services is recommended.

Thank you for the opportunity to comment on these recommendations.

Sincerely,



Sandra Leal, Pharm D, CDE  
President